

Under the federal No Surprises Act, as an uninsured or self-pay patient, you have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.

Under the law, health care providers need to give **patients who don’t have insurance or who are not using insurance** an estimate of the bill for medical items and services.

**You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services.** This includes related costs, like medical tests, prescription drugs, equipment, and hospital fees.

Be sure your health care provider gives you a Good Faith Estimate in writing:

- **When your medical service or item is scheduled at least 3 business days in advance:** No later than 1 business day after the date of scheduling.
- **When your medical service or item is scheduled at least 10 business days in advance:** No later than 3 business days after the date of scheduling.

**You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service,** and they must provide it no later than 3 business days after your request.

**If you receive a bill that is at least \$400 more than your Good Faith Estimate,** you can dispute the bill.

Be sure to save a copy or photo of our Good Faith Estimate.

If you would like to request an uninsured or self-pay estimate, please contact our Financial Counselors at [DFCIAccessFIO@partners.org](mailto:DFCIAccessFIO@partners.org) or **617-582-9820**.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 800-985-3059.